

Disability Management Services, Inc.

1350 Main Street, Springfield, MA 01103-1619 Tel:(413)747-0990 Fax:(413)747-1545

A third party administrator for:

Jefferson-Pilot Life Insurance Company

November 2, 2000

Christopher Kearney

Redacted

Re: Policy Number/s: H-493029, H-538069

Dear Mr. Kearney,

This letter follows our telephone conversation on Monday, October 30, 2000. It was a pleasure speaking with you.

We are in receipt of your letter dated October 25, 2000 directed to Mr. William Hughes. However, your response did not include any of the claim materials requested in Mr. Hughes' letter of October 2, 2000 other than your 1999 Personal tax return. As we discussed, your letter seemed to reflect that you are maintaining your previous position that you are not required to furnish all of the claim materials requested in Mr. Hughes' letter, and that the company does not have the right to corroborate information you have provided.

As previously explained by Mr. Hughes, it is the requirement of the insured under the Proof of Loss provision of the policy to furnish evidence of benefit eligibility. Pursuant to our conversation, it remains clear that Jefferson Pilot and yourself have different interpretations concerning what constitutes "proof of loss" under the policy and what information is required in the processing your claim for benefits. Please be advised that it's the company's view that they have the right to request the information detailed in the October 2nd letter to verify your statements. At this time, it appears that without the requested claim materials we would be unable to evaluate your eligibility for additional benefits.

During our telephone conversation, you did mention that you have not decided against forwarding the requested claim materials, however, you mentioned you wished to speak with your attorney before making your final decision. In light of the above, Jefferson Pilot has agreed, in the interest of continuing good will, to provide you with another benefit payment and extend the timeframe for you to provide the outstanding claim materials for an additional 30-days in order to allow you to have enough time for the discussion with your attorney to occur. Please be aware that in making this payment Jefferson Pilot reserves its rights under the policy and to claim repayment of these benefits should it be determined that you would not have qualified for them.

*d/b/a: New England Claims Administration Services, Inc. in FL, MD, ME
Licensed as New England Claims Administration Services, Inc. in CA
d/b/a Centre Claims Administration Services in NH*

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Enclosed please find two copies of an Occupational Duties form. You should complete a form relative to those occupational duties you were performing at the commencement of your claim. The other form should be completed with regard to those occupational duties you are currently performing.

We look forward to hearing back from you or your representative in the near future to discuss the next steps in the administration of your claim. Should you have any further questions, I can be reached directly at 1-800-883-0596 ext. 1119.

Sincerely,

RFM

Robert F Mills
Claims Consultant

CHRISTOPHER L. KEARNEY

Redacted

Phone: 330-264-4216

Fax: Same as Above

Sunday, November 26, 2000

Robert Mills
Disability Management Services, Inc.
1350 Main St.
Springfield, MA 01103-1628

Dear Mr. Mills:

Enclosed please find the Federal Tax Returns for Kenwood Technology Group, Inc. for the years 1998 and 1999.

In addition please find two occupational duties forms for immediately prior to disability and currently which you requested.

Please note the new address and phone number of my employer, Kenwood Technology Group, Inc:

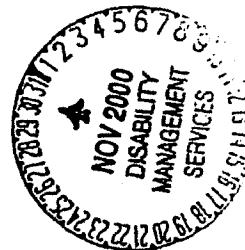
Redacted

Phone: 330-264-4216

Fax: Same as above

Sincerely,

Chris Kearney
Chris Kearney



3040

11/30 (330) 264-4216 @ 3:30 p.m.
I reached Mr. Keaney @ his office. It seemed
as though there were other individuals
in the office. Mr. Keaney asked for
confirmation of the Street # from another
person in the office.

Mr. Keaney said he had the meeting with
his Attorney. I asked him if he was
now best represented by the Attorney.
Mr. Keaney said his Attorney is just
advising him at this point. Mr. Keaney
said that he was advised not to speak
with me over the phone and asked that
I put my request in writing.

(RFA)

Disability Management Services, Inc.
1350 Main Street, Springfield, MA 01103-1619 Tel:(413)747-0990 Fax:(413)747-1545
A third party administrator for:
Jefferson-Pilot Life Insurance Company

Sent via facsimile (330) 264-4216
& U.S. Mail

December 5, 2000

Christopher Kearney

Redacted

Re: Policy Number/s: H-493029, H-538069

Dear Mr. Kearney,

This letter follows our telephone conversation on Thursday, November 30, 2000.

I am in receipt of your November 26, 2000 letter, the two occupational duties forms and the tax returns for Kenwood Technology Group, Inc for the years 1998 & 1999. Unfortunately, as discussed on the telephone, we have yet to receive from you many of the items requested by Mr. Bill Hughes in his October 2, 2000 letter (copy enclosed) which are needed in order to evaluate further benefit eligibility. As you also know, despite your refusal to submit the needed documentation, Jefferson Pilot has continued to pay benefits in the interest of good will.

In a further effort to allow you sufficient time to submit the requested materials, Jefferson Pilot has authorized an additional benefit check. This payment is being made with full reservation of rights under your policies. Unfortunately, if the requested items are not received within the next 30 days we will be unable to evaluate your eligibility for further benefits.

Also, please be advised that we are presently making arrangements for an independent examination. As soon as the date and place are known, you will be notified accordingly.

Finally, you have mentioned that you might retain an attorney. If you do, please have that individual send us a letter of representation.

Please feel free to call me directly at 1-800-883-0596 ext. 1076. with any questions.

Sincerely,



Robert F Mills
Claims Consultant

FAX MESSAGE

Date: Monday, December 11, 2000

To: Disability Management Services, Inc.
Robert Mills
Phone: 800-883-0596
Fax: 413-747-1545

FAXED

From: Christopher L. Kearney
Phone: 330-264-4216
Fax: Same as Above- Automatically Switches For Faxes

Pages: 1

Bank Withdrawal Form from Jefferson-Pilot to receive premium payments from my new banking account.

Mr. Mills: Can you please send this form to me by US Mail?

Thank you.

Christopher L. Kearney
621 E. Bowman St.
Wooster, OH 44691

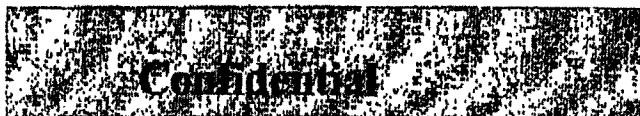
DISABILITY MANAGEMENT SERVICES, INC.

1350 MAIN STREET, SPRINGFIELD, MASS. 01103-1628

TEL: (413) 747-0990 FAX: (413) 747-1545

FACSIMILE TRANSMITTAL SHEET

TO:	Christopher Kearney	FROM:	Bob Mills
COMPANY:		DATE:	December 13, 2000
FAX NUMBER:	330-264-4216	TOTAL NO. OF PAGES INCLUDING COVER:	1
PHONE NUMBER:	330-264-4216	SENDER'S REFERENCE NUMBER:	
RE:	Bank Withdrawal Form	YOUR REFERENCE NUMBER:	



The documents accompanying this telecopy transmission contain information from Disability Management Services, Inc. which is confidential. The information is intended only for the use of the individual and/or entity named on this transmission sheet. Any copying, disclosure or dissemination of the information, or the taking of any action in reliance upon the contents of the information, is strictly prohibited. If you have received this telecopy in error, please notify us immediately so that we can arrange for the return of the documents at no cost to you. Thank you.

Comments:

Mr. Kearney:

Your December 11, 2000 fax has been received in this office. Please be advised that Jefferson Pilot has been notified of your request. Jefferson Pilot will be mailing you the appropriate paperwork. Please let me know if you have any further questions

Thank you,
Bob Mills

Contact	Company Acme-Monoco Corp.	Address 75 Winchell Dr.			
	Contact Veronica Siemiatkaska	Address 2			
	Phone 880-224-1349	Address 3	Ext.		
	All Phone	City New Britain	Ext.		
	Car Phone	State CT			ZIP Code 06052
	Pager	Groups US			
Contact	Company ATP, Inc.	Address 25 Leonburg Rd.			
	Contact Joe Herman	Address 2			
	Phone 724-327-8074	Address 3	Ext.		
	All Phone	City Cranberry Twp.	Ext.		
	Car Phone	State PA			ZIP Code 16066
Contact	Company Automatic Parts, Inc.	Address 433 Springmill Rd.			
	Contact Dave Witmer	Address 2			
	Phone 419-524-5841	Address 3	Ext.		
	All Phone	City Mansfield	Ext.		
	Car Phone	State OH			ZIP Code 44803-7008
Contact	Company CAMCO	Address 1444 S. Wolf Rd.			
	Contact Norm Goldman	Address 2			
	Phone 847-459-5200	Address 3	Ext.		
	All Phone	City Wheeling	Ext.		
	Car Phone	State IL			ZIP Code 60090
Contact	Company Deltac, Inc.	Address 4230-T Grissom Dr.			
	Contact Chris Dugle	Address 2			
	Phone 513-732-0800	Address 3	Ext.		
	All Phone	City Batavia	Ext.		
	Car Phone	State OH			ZIP Code 45103
Contact	Company Harvey Vogel Mfg.	Address 425 Weir Dr.			
	Contact Tracy Dougherty	Address 2			
	Phone 651-739-7373	Address 3	Ext.		
	All Phone	City Woodbury	Ext.		
	Car Phone	State MN			ZIP Code 55125
Contact	Company PFI Precision Machining	Address 2011 N. Dayton-Lakeview Rd.			
	Contact Tom Janek	Address 2			
	Phone 837-845-3563	Address 3	Ext.		
	All Phone	City New Carlisle	Ext.		
	Car Phone	State OH			ZIP Code 45344
Contact	Company Polo Plastics	Address 3601 W. 29th St.			
	Contact Karla Clem	Address 2			
	Phone 785-273-3990	Address 3	Ext.		
	All Phone	City Topeka	Ext.		
	Car Phone	State KS			ZIP Code
Contact	Company Precision Custom Products, Inc.	Address 4590 CR 35N			
	Contact Greg Best	Address 2			
	All Phone	City Degraft	Ext.		
	Car Phone	State OH			ZIP Code 43318

FROM :

FAX NO. :

Jun. 23 2000 04:19AM P1

FAX MESSAGE

Date: Wednesday, December 27, 2000

To: Disability Management Services, Inc.
Robert Mills
Phone: 800-883-0596
Fax: 413-747-1545

From: Christopher L. Kearney
Phone: 330-264-4216
Fax: Same as Above- Automatically Switches For Faxes

Pages: 1

Mr. Mills:

I have not yet received the bank withdrawal form which I requested on 12-11-00. On 12-13-00 you confirmed receiving my request stating you notified jefferson-Pilot. So, I am sending you a check via US mail for the amount due each month for both of my policies with Jefferson-Pilot.

A photocopy of the check is on this fax cover below.

Please expedite the form- thank you.

Chris Kearney

CHRISTOPHER L. KEARNEY Redacted		25-3799 440 630217080	110
		DATE 12-27-00	
Jefferson-Pilot		\$ 160.61	
One hundred sixty & 6/100		372222 832	
BANK ONE. Bank One, NA Columbus, OH 43221			
POLICY #12 H-493029		H-538069	
0044000037		630217669 0110	
		Christopher Kearney	

Christopher L. Kearney

Redacted

3022

(330) 864-4216
12/27 Call Mr. Kenney in the afternoon.
He answered the phone. I acknowledged
the receipt of his 10/27 FAX. ^{ADVISED}
him I would place another call to him concerning
the bank withdrawal form. I told him
he should send a check directly to
Attn: Phyllis Haden. I provided him with
JP's Address.

(EPN)

JEFFERSON PILOT
FINANCIAL

201

H00538069

12-28-2000

MONTHLY

CHRISTOPHER L KEARNEY

0

For Service Please contact

D202400211

ACCIDENT AND HEALTH

PREMIUM

60.11

TOTAL DUE

60.11

TIMOTHY J BOONE

3175 LONGMEADOW LANE

CINCINNATI OH 45236

PHONE (513) 791-8488

Your life, your needs and your financial security goals are constantly changing. Jefferson-Pilot offers a broad variety of insurance products to help you meet your needs and achieve your goals. Your representative, whose name and number are listed above, would be pleased to provide you with information about how our services may benefit you.

Note: If a representative is not shown, please contact us (see information below) and we will have a representative contact you.

Telephone: (800) 487-1485

CHRISTOPHER L KEARNEY

Redacted

Please make check or money order payable to Jefferson-Pilot Life Insurance Company

BJ-8325

Please Detach and Keep This Part for Your Records

See Information on Reverse Side

JEFFERSON PILOT
FINANCIAL

201

Policy Number

H00538069

Due Date

12-28-2000

Payable

MONTHLY

CHRISTOPHER L KEARNEY

0

Important! Please Return This
Part With Your Payment

D202400211

ACCIDENT AND HEALTH

71542

PREMIUM

60.11

TOTAL DUE

60.11

Note: This is the only
Notice you will receive

Enter Address Change Below

CHRISTOPHER L KEARNEY

Redacted

Jefferson-Pilot
Life Insurance Company
PO Box 25500
Greensboro, NC 27420-1008

JEFFERSON PILOT
FINANCIAL201 H00493029 12-28-2000
CHRISTOPHER L KEARNEY

MONTHLY

0

For Service Please contact

D202400202

ACCIDENT AND HEALTH

PREMIUM

102.00

TOTAL DUE

102.00

TIMOTHY J BOONE
3175 LONGMEADOW LANE
CINCINNATI OH 45236

PHONE (513) 791-8488

Your Life, your needs and your financial security goals are constantly changing. Jefferson Pilot offers a broad variety of insurance products to help you meet your needs and achieve your goals. Your representative, whose name and number are listed above, would be pleased to provide you with information about how our services may benefit you.

Note: If a representative is not shown, please contact us (see information below) and we will have a representative contact you.

Telephone: (800) 487-1485

CHRISTOPHER L KEARNEY

Redacted 1

Please make check or money order payable to Jefferson-Pilot Life Insurance Company

BJ-8325

Please Detach and Keep This Part for Your Records

See Information on Reverse Side

JEFFERSON PILOT
FINANCIAL201 Policy Number Due Date Payable
H00493029 12-28-2000 MONTHLY
CHRISTOPHER L KEARNEY 0Important! Please Return This
Part With Your PaymentNote: This is the only
Notice you will receiveD202400202 ACCIDENT AND HEALTH
71543 PREMIUM 102.00
TOTAL DUE 102.00

Enter Address Change Below

CHRISTOPHER L KEARNEY

Redacted 1

Jefferson-Pilot
Life Insurance Company
PO Box 25500
Greensboro, NC 27420-1008



JEFFERSON PILOT

Jefferson Pilot Financial
PO Box 21008
Greensboro, NC 27420

336 691 3000

January 2, 2001

Christopher L. Kearney

Redacted

Re: H00493029, H00538069,
Christopher L. Kearney

Dear Mr. Kearney:

We will be happy to begin drafts on your new account if you will complete the enclosed authorization form and return it to us along with a voided check. An envelope is enclosed for your convenience in returning these items.

If we can be of further assistance to you, please let us know.

Sincerely,

Betty L. Hand

Betty L. Hand
Client Services
Billing & Collection, Dept. 5000
1-800-487-1485
Ext. 3129

BLHac

Enclosures

CC: Agency 71543

1-800-458-5299

option 2

*1-9-01 - B Called Betty hand at above
written number. Received my voided
check + filled out form - everything is
fine.*

Disability Management Services, Inc.
1350 Main Street, Springfield, MA 01103-1619 Tel:(413)747-0990 Fax:(413)747-1545
A third party administrator for:
Jefferson-Pilot Life Insurance Company

Sent via Facsimile (330) 264-4216
& U.S. Regular Mail

January 5, 2001

Christopher Kearney

Redacted

Re: Policy Number/s: H-493029, H-538069
Claim Number/s: H-493029, H-538069

Dear Mr. Kearney,

Thank you for your December 22, 2000 letter.

Although your letter suggests that you have complied with all of our requests, you have yet to submit the following information which has now remained outstanding for several months.

- Your 1998 Personal Income Tax Return #1040 including all schedule attachments.
- A signed and unaltered Authorization form (Duplicate form enclosed).
- Monthly items of gross revenues, expenses and net income from 1/1/00 for Kenwood Technology Group, Inc.
- Your medical records from Dr. Donna Judd-McClure.

We respectfully disagree with your statement that we have not addressed your questions regarding your execution of a signed Authorization form. Please refer to all of our past letters and telephone conversations with you in this regard. As we have pointed out, without this authorization it is extremely difficult, if not impossible, to verify the accuracy of the information that you and Dr. Judd have provided in the context of your disability claim. It is indeed perplexing to us why you would be reluctant to allow us to verify the statements you have made. In any event, however, as we have previously advised, without the balance of the requested materials we will be unable to evaluate your claim for further benefits. Accordingly, we ask that you forward the above items without further delay.

d/b/a: New England Claims Administration Services, Inc. in FL, MD, ME
Licensed as New England Claims Administration Services, Inc. in CA
d/b/a Centre Claims Administration Services in NH

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We also ask that you kindly contact Dr. Judd-McClure and advise her to submit her records without further delay, as well. As you know, we have been attempting to procure your medical records from Dr. Judd-McClure without success for the past nine months. As we have explained on numerous occasions, these medical records are also critical to the ongoing evaluation of your benefit eligibility, and without them a proper evaluation of your ongoing benefit eligibility can not be conducted.


It is unfortunate that you are presently unable to furnish us with the requested documentation and records of Kearney Associates. As you recall, we attempted to obtain this information from you both directly and through an independent audit back in 1996. Unfortunately however, you declined to furnish the requested materials and you prohibited Jefferson Pilot from conducting such an audit. Notwithstanding the above, we are mystified by your statement "I have no records of Kearney Associates, Inc. beyond that I have forwarded to you" since we have been advised that you would be required, by law, to maintain your records for a period of seven years.

We appreciate and accept your current offer to have someone come visit you at Kenwood Technology Group, Inc. to review documents. Our financial consultant, Mr. Joseph Levy, will be in contact with you in the near future to make arrangements for such a record review.

We are also in the process of setting up an independent medical examination, and we will advise you shortly of the date, place and time of the exam.

Please call me directly at 1-800-883-0596 ext. 1076 should you have any questions.

Sincerely,



Robert F Mills
Claims Consultant

Disability Management Services, Inc.
1350 Main Street, Springfield, MA 01103-1619 Tel:(413)747-0990 Fax:(413)747-1545
A third party administrator for:
Jefferson-Pilot Life Insurance Company

Sent via facsimile (740) 596-3823
& Overnight delivery

January 5, 2001

Donna Judd-McClure, Ph.D.
26700 Goose Creek Rd.
McArthur, OH 45651-8984

Re: Christopher Kearney
Policy Number/s: H-493029, H-538069

Dear Dr. Judd-McClure,

Thank you for your December 21, 2000 letter that was received in our office on January 2, 2001. I called you on January 3, 2001 and left a message with the gentleman who answered the phone that I wished to speak with you regarding your letter. I was unsuccessful again today in trying to reach you on the telephone.

Please recall that we initially requested a copy of Mr. Kearney's records in March 2000. As detailed in my September 7, 2000 letter, we offered to assist you by coordinating a local copying service to copy the medical records to alleviate any unnecessary loss of your time or cost to you. We did not ask for you to review the records. Accordingly, we will be unable to consider any charge for a review of the records. In addition, the hourly fee you have charged for driving time and getting copies made is unprecedented for this type of work.

I do recognize that you operate as a sole practitioner and do not have the assistance of clerical help, such the offer was made. Please understand, as a one-time exception, Jefferson Pilot would be willing to compensate you at the rate you determined for your driving time and having copies made. Please call me immediately with your Tax-identification number so that I can forward you a check for \$960.00.

We have now attempted to procure Mr. Kearney's medical records from you without success for the past nine months. These medical records are critical to the ongoing evaluation of Mr. Kearney's claim for benefits. In the event that we are unable to obtain a copy, we will be unable to determine Mr. Kearney's eligibility for additional benefits.

d/b/a: New England Claims Administration Services, Inc. in FL, MD, ME
Licensed as New England Claims Administration Services, Inc. in CA
d/b/a Centre Claims Administration Services in NH

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I look forward to hearing from you. Please call me directly at 1-800-883-0596 ext. 1076 with the desired information. Your cooperation in this regard will be appreciated.

Sincerely,


Robert F Mills
Claims Consultant

DISABILITY MANAGEMENT SERVICES, INC.

1350 Main Street

Springfield, MA 01103

Phone: (413) 747-0990 Fax: (413) 747-1545

MEMORANDUM TO FILE

To: Bob Mills

From: Dr. Judd

Subject:

Date: January 8, 2001

CC:

Hi Mr. Mills this is Dr. Judd from Cincinnati in Columbus and I thought that I would give you a call this evening and I realize that you are not there. However, the documents will be sent to you. I have everything ready to go here. So look for a package from me. I am very concerned about my patient at this time. I have not had this type of experience before on a case and I am concerned about his condition. He is uncertain and unsure. And this inability of his to be certain of anything is creating quite a problem with him, as you well know. He is extremely depressed at this time and very paranoid. I am working my best and I am glad you are pursuing this and I will be glad to send you the material and I hope that ends that part of it. So I can really concentrate on my patient. All right thank you. Bye bye.

3349

FROM :

FAX NO. :

Jul. 06 2000 04:30AM P1

FAX MESSAGE

Date: Tuesday, January 09, 2001

To: Disability Management Services, Inc.
Robert Mills
Phone: 800-883-0596
Fax: 413-747-1545

From: Christopher L. Kearney
Phone: 330-264-4216
Fax: Same as Above- Automatically Switches For Faxes

Pages: 15

Mr. Mills:

I have received your fax letter to me of 1-5-01. Concerning the four items you listed as outstanding:

- 1) Following, I submit a copy of my 1998 Personal Income Tax Return #1040.
- 2) I will provide you with 2000 Personal and Business Tax Returns when available. My accountant does not prepare monthly P&L Statements for Kenwood Technology Group, Inc.
- 3) You have my permission to obtain medical records from Dr. Judd-McClure. It is up to you to provide authorization for payment to Dr. Judd-McClure for these records. Mr. Mills, you are responsible for creating delays in obtaining these records. Additionally, you told me several times in our telephone conversation of Monday, 10-30-00 that you would send the name, address, phone number and credentials of the psychiatrist at DMS who would be reviewing these medical files. Your previous correspondence had Dr. Judd and myself believing that those records were going to be reviewed by PMSI somewhere else. You have not followed up on your promise to forward the name of your psychiatrist and I wonder why.
- 4) Despite your contention that you have explained the need for a new, overly broad release form signed by me, you have continually avoided any response in writing or on the phone which address my specific written concerns of privacy issues. You told me on the phone on 10-30-00 that you can understand my privacy concerns.

Sincerely,


Christopher Kearney

Christopher L. Kearney

Redacted

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Christopher Kearney
January 12, 2001
Page 2

6. Books of original entry of all businesses, including:
 - a. Cash receipts journals
 - b. Cash disbursements journals
 - c. Sales or billings journals
7. Sales invoices and contracts which could be used to substantiate the sales of all business in the period from January 1, 1988 up through the present time.
8. If complete sales records are not available, please furnish the name address and telephone number of each customer or client for all businesses in the period from January 1, 1988 up through the present time.
9. Monthly bank statements and canceled checks for all bank accounts that reflect business income and expense transactions as well as information showing the source of all funds deposited into the accounts. If you commingle your business and personal funds, then this could include accounts that might otherwise be identified as "personal" bank accounts.
10. All payroll records for the years 1998-2000 and for periods in the year 2001, including quarterly payroll tax returns required to be filed with the Internal Revenue Service (Form 941) and the State of Ohio.
11. Any other records that could be used to substantiate your disability income claim as well as the income and expenses of the businesses.

Unless otherwise specified, the records listed above should be for all businesses owned or operated by you and should cover the period from January 1, 1988 up through the most recent period available in the year 2001.

Some of the records listed above may be in the possession of your accountant. It is important that all books and records listed above be made available in order for us to complete our review of the lost earnings claim. If we are not provided with access to all of the records requested, this will delay the completion of our examination until all of the information is furnished. Therefore, it is important that you consult with your accountant to make sure that all of the records itemized above are available for us to review.

Disability Management Services, Inc.

1350 Main Street, Springfield, MA 01103-1619 Tel:(413)747-0990 Fax:(413)747-1545

A third party administrator for:

Jefferson-Pilot Life Insurance Company

January 24, 2001

Christopher Kearney

Redacted

Re: Policy Number/s: H-493029, H-538069

Dear Mr. Kearney,

Thank you for your January 9, 2001 letter. While you continue to not fully comply with our requests, we appreciate the information you have supplied and we will attempt to complete our investigation as best we can. We appreciate your promise to provide us with your 2000 personal and business tax returns when they become available.

Your response to our request for monthly Profit and Loss Statements is that your accountant does not prepare those documents. Your statement suggests that you feel that, since these summaries are not prepared in routine, that you are not required to furnish them. That is not the case. Since your policy provides benefits on a monthly basis, you must submit Proof of Loss on a monthly basis. If required documents are not prepared in routine, then you would need to have them prepared. Nevertheless, since we are sending an accountant to review your records, we may be able to construct those statements ourselves, if you fully cooperate and provide him with all of the items he requests.

We note in your January 9, 2001 letter that you have given us permission to obtain your medical records from Dr. Judd. However, as of this writing she has still not sent those records to us, despite the fact that she told us two weeks ago that she had them already to send to us, and she should be in possession of our check for those records in the amount of \$960.00. I must tell you that we feel that this excessive charge for photocopying is tantamount to extortion, but we are willing to pay this outrageous amount of money to help you fulfill your requirement of supplying Proof of Loss, and get this matter adjudicated. Perhaps you could call Dr. Judd, and tell her to send the records immediately.

Please be aware that the individual at Disability Management Services (DMS) who will review your records is Mark Benander, Ph.D. He is a licensed clinical psychologist. We, of course, reserve the right to have your medical records reviewed by any other

professional qualified to do so, in order that we might obtain an accurate evaluation of those records.

Lastly, and once again, we need the previously requested Authorization from you to potentially obtain information and documentation from any and all of the sources noted on the Authorization form. We particularly need to obtain information from all of the companies/clients/individuals you have done business with since 1991 to help us determine if any reduction or termination of your work activities was due to disability or factors unrelated to disability. At this point this information is even more critical, as some recent investigation reveals that, in the instance of at least one of your past clients, you stopped working due to circumstances entirely unrelated to disability. In any case, and as you also know, under the policy you are required to complete the claim forms furnished by the company.

Nevertheless, since you continue to resist complying with our request to complete the Authorization form, we will continue with our attempts to diligently investigate your claim, and obtain whatever information we can without the Authorization. Please be advised however that if we are unable to obtain what we need because we don't have an Authorization from you, this will potentially result in a further delay in our evaluation of your ongoing eligibility for benefits.

As previously advised, we have arranged for you to be examined at the insurance company's cost. An appointment has been scheduled with a board certified psychiatrist and a board certified psychologist. Both examiner's offices are listed below including the dates and times of each examination.

John Kenny, Ph.D.
Parkway Medical Bldg., South
3619 Park East Drive, Ste. 313
Beachwood, OH 44122
Date of Exam: Saturday, Feb. 17, 2001
& Saturday, Feb. 24, 2001
Time: 12:00 pm – 5pm (both days)
Tel # (440) 646-1771

Otto Kausch, M.D.
VA Hospital
10000 Brecksville Rd
Building 2, 3rd Floor, B Side
Brecksville, OH 44141
Date of Exam: Thursday, March 8, 2001
Time: 5:00pm – 7:00pm
Tel # (440) 526-3030 ext. 6881

Enclosed for your review are the Curriculum Vitae's of each examiner.

As these are definite appointments, we would very much appreciate you arriving promptly on the date of each examination. Please feel free to contact either examiner to obtain any necessary directions.

It is my understanding that Leslee Hymowitz of Shalik, Morris & Company, LLP has written to you concerning the necessary financial documents to be ready for review and to confirm an appointment date. We again appreciate you extending this offer and cooperation in this matter.

Should you have any question, please do not hesitate to contact me directly at 1-800-883-0596 ext. 1076.

Sincerely,


Robert F Mills
Claims Consultant

Mr. Clyde Honaker,
VP. of Claims

1-25-06
FAXED

Policy: H 00493029
H 00538069

Sir:

I changed banks about two months ago and asked Bob Mills at OMS to send me forms. He wrote back in December that he contacted appropriate person at J.P.

I received the new form from Betty Lou Hand by fax. I completed the banked bank draft authorization and sent a voided check.

On 1-9-01 I talked to Betty Lou Hand. She said everything is OK - she received my voided check & filled out form.

I also sent a check to Phyllis Hard
as directed by Bob Mills in Dec.

I asked Betty Lou to fax me
back Today as there is some
confusion on her part.

Please check into immediately

If there are any lapses because
of ~~deceit~~ on the part of J.P.,
~~the~~ ^{deceit,}

I want you to be aware now. This

Chris Kearney

FROM :

FAX NO. :

Jul. 22 2000 03:02AM P1

Disability Management

1-25-00

Bob Mills:

I did not receive all of the pages of your fax. The pages I received came to me like the one below. - 1/2 page - very difficult to read - if not impossible. I believe this is further intentional harassment on your part by loading the pages sideways in your office.

I ask you now to use mail service from this time on, no phone calls, no faxes, ~~if~~ I need to preserve what privacy of confidential info I can. Chris Kearney
Please mail this correspondence to me.

Please deliver promptly. Thank you.

The documents accompanying this delivery contain sensitive information. Please handle these documents with care. This information is intended only for the use of the individual and/or entity named on this transmittal sheet. Any copying, distribution or dissemination of the information, or the taking of any action in reliance upon the contents of the information, is strictly prohibited. If you have received this delivery in error, please notify us immediately so that we can arrange for the return of the documents if so and to you. Thank you.

Comments

DISABILITY MANAGEMENT SERVICES, INC.
1150 MAIN STREET, SPRINGFIELD, MASS. 01103-1578
TEL: (413) 747-0590 FAX: (413) 747-1343

TRANSMITTAL SHEET

TO:	Christopher Kearney	FROM:	Bob Mills
COMMENT:		DATE:	January 24, 2000
ACT NUMBER:	100-364-0106	TOTAL NO. OF PAGES INCLUDING COVER:	17
ACT NUMBER:	100-364-0106	ALBERT EINSTEIN INSURANCE	
TO:		YOUR RESPONSE NUMBER:	

3327

DISABILITY MANAGEMENT SERVICES, INC.
 1350 MAIN STREET, SPRINGFIELD, MASS. 01103-1628
 TEL: (413) 747-0990 FAX: (413) 747-1545

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Christopher Kearney	Bob Mills
COMPANY:	DATE:
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
330-264-4216	17
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
330-264-4216	
RE:	YOUR REFERENCE NUMBER:

Confidential

The documents accompanying this telecopy transmission contain information from Disability Management Services, Inc. which is confidential. The information is intended only for the use of the individual and/or entity named on this transmission sheet. Any copying, disclosure or dissemination of the information, or the taking of any action in reliance upon the contents of the information, is strictly prohibited. If you have received this telecopy in error, please notify us immediately so that we can arrange for the return of the documents at no cost to you. Thank you.

Comments:

Mr. Kearney:

I received your 1/25/01 fax. The transmission result report indicated that all pages were received OK. In any event, I am sending this fax again. Please advise if received OK. The hard copy has already been mailed. Please be aware that since the original transmission Dr. Judd has forwarded us your medical records.

Thanks,
 Robert Mills

3325

Saturday, January 27, 2001

Robert Mills
Disability Management Services, Inc.
1350 Main St.
Springfield, MA 01103-1628



Mr. Mills:

I received your information on your second fax of 1-24-01 and the message that you had, in fact, received the records of Dr. McClure. She sent these despite the failure of you to provide the name and credentials of the person who would review these records and full payment for her time in providing 6 years of records.

Dr. McClure clearly stated her concerns of the necessity for DMS to request these records. In her letter to PMSI of 3-25-00 she also clearly asked for the name and credentials of the person who would be reviewing these records. You responded evasively to her question and did not respond with the name and credentials. This was ten months ago. You told me in a phone call that you would have the "psychiatrist" working in your office write a letter of introduction so she could call and express her concerns. You did not do this and you continued to harass her with phone calls and letters.

Dr. McClure had every professional right and duty to keep the records from being sent to people like you who are not qualified to interpret these. You can check this out in the American Psychological Association Ethical Standards.

DMS has been very deceitful in dealing with me. You continue to use harassment and intimidation in hopes that I will stop making legitimate claims, just as Janet Beattie, your "consultant" did. I was then, and I still am suffering severe emotional distress from your intimidation and, in the last 6 months threats to withhold benefit checks. This emotional distress is taking its toll on me.

Further proof of your lack of honesty, is in your refusal to answer my question in a letter of Friday, March 25, 2000. I asked, "In what other form do you need a proof of loss?" I didn't get the courtesy of a specific reply. Now, ten months later, your fax of 1-24-01 indicates that monthly profit and loss statements are required of my business under the proof of loss provision. Why didn't you tell me this ten months ago when I asked for clarification? I think you failed to answer me because you are clearly deceitful and have not addressed my concerns about my policy in any fashion except to give me the "runaround."

I do not see anything in the proof of loss provision that specifically requires monthly profit and loss statements.

Your letter of 1-24-01 also states, "Since your policy provides benefits on a monthly basis, you must submit proof of loss on a monthly basis."

I have reviewed my policy. It says specifically, Jefferson-Pilot "...will send you forms for filing proofs of loss." When Jefferson-Pilot, every month, sent me these proof of loss forms from 1993 to 1999 and into 2000, I filled out these forms and my doctor filled out the required portion, and I sent them in, on time, without fail.

I have asked for clarification from you concerning monthly proof of loss forms since DMS started the management of this claim in January, 2000. You responded that "from time to time" DMS would require information from me. Consequently, the new forms from DMS are sent to me sporadically and I have sent back these forms consistently in timely fashion. Your forms say nothing of sending back

monthly profit and loss statements and this has never been asked for before.

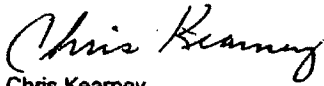
Enclosed is the filled-out form you sent to me. My doctor has filled out and signed her portion.

Also enclosed is my W-2 for the year 2000. My earned income was \$5000.00.

Willingly, I will meet with the doctors but I must have a copy of each report. It is my body and mind you are exploring. It is me who is driving at least 1 hr. to each appointment and spending a half day at each. I demand a copy of each report and I need a letter signed by you that I will get this copy within 48 hrs. of your receipt.

I also want a complete copy of each and every medical, psychological information obtained from any source by Jefferson-Pilot and any other agent of JP. I direct this be sent to me or Dr. McClure. If this is not done promptly, the appointments for the doctors will have to be rescheduled.

Sincerely,

A handwritten signature in cursive script that reads "Chris Kearney".

Chris Kearney



JEFFERSON PILOT

January 29, 2001

Jefferson Pilot Financial
PO Box 21008
Greensboro, NC 27420

336 691 3000

Mr. Christopher L. Kearney

Redacted

POLICIES: H00493029 & H00538069

Dear Mr. Kearney:

I have been requested by Clyde Honaker, Vice President of Claims, to respond to your faxed letter to him on the afternoon of January 25, 2001.

I have been advised by Sue Clark of our Policy Billing and Collection Department that your check for \$160.61 sent to Phyllis Harden has been used to pay the December premiums. She also informs me that regular bank drafts will resume on January 28, 2001 for the January premiums based on the new bank information you have submitted.

If we can be of any further assistance to you, please let us know.

Sincerely,

Paul D. Swink

Manager

Ordinary Claim Department - 5310

(336) 691-3306

PDS/ch

800-

Disability Management Services, Inc.
1350 Main Street, Springfield, MA 01103-1619 Tel:(413)747-8990 Fax:(413)747-1545
A third party administrator for:
Jefferson-Pilot Life Insurance Company

February 2, 2001

Christopher Kearney

Redacted

Re: Policy Number/s: H-493029, H-538069

Dear Mr. Kearney,

We have received your letter dated January 27, 2000. Most, if not all of the issues/questions you raise have already been addressed/answered in previous communications. Also, we strongly disagree with your inaccurate and self-serving characterizations of the way your claim has been handled.

We appreciate your willingness to attend the examinations that have been set up. We will be pleased to send a copy of the results of those examinations directly to Dr. Judd-McClure as soon as we receive them. Unfortunately, we are unable to furnish those results directly to you.

Additionally, we are unable to release to you copies of any medical records that we have in our file. However, we can give you the names of all the doctors who have provided information to us so that you can go directly to those providers and obtain their records directly. We have received medical records from the following practitioners: Dr. Judd-McClure, Dr. Perduk, Dr. Ferre & Dr. Lehenbauer.

Lastly, we understand that the accountant has sent you a recent letter indicating the financial documents needed from you and the release forms requiring your signature. Please be sure to provide the requested information promptly in order that the visit to your office by the accountant can take place in the near future.

As always, please feel free to contact me directly at 1-800-8830596 ext. 1076.

Sincerely,



Robert F Mills
Claims Consultant

3310



c/B M. Reagan The next day and left
VM indicates that JP. World now
and the payment is the point of good will

2/15 Fred call from Chao Kien-wei.
He spoke for over 45 min. About his class.
He agreed to sign an undated letter in French.
Fred and I left the school. I was
glad to have the next program.
Disputed with the teachers and SP.
Has questions concerning his ongoing work.
exactly.

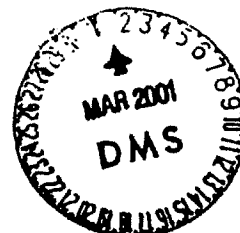
6033

2/21/01
 (330) 264-4216
 Ret'd call to Chan Kennedy 10 minutes.
 We spoke for about 10 minutes.
 He mentioned he was at his office copy
 documents for the Governor's report.
 Mr. Kennedy agreed to bring with him
 b/c he does need to get the security
 documents. Confirmed for him. He will be
 we received a letter with the
 Send. in a letter with the
 completed authorization.

(12/11/01)

Friday, February 23, 2001

Robert Mills
Disability Management Services, Inc.
1350 Main St.
Springfield, MA 01103-1628



Mr. Mills:

Enclosed is the signed, new release form demanded by DMS and Jefferson-Pilot. Your withholding of benefit checks again this month is very distressing and embarrassing to me. As I told you on the phone and in previous correspondence, when you do not release these checks on time, I must rely on my family for assistance. Your excuses are extremely shallow and suggest further intimidation.

As I have maintained for the past year, without a specific response, the new release form is extremely broad and takes away the provision for my doctor to receive copies of information obtained about me by DMS, Jefferson-Pilot and your investigators. This provision for my doctor to receive copies is in the other form I have signed for Jefferson-Pilot. This other form is still clearly in effect for DMS, Jefferson-Pilot, and other investigators to use and collect information for the life of the claim. So, you have never been without my consent to contact others per your older form, despite your suggestive statements, in the past, to the contrary.

I still strongly object to this new, overly broad release form which forces me to permit you to contact anybody in the world about any information about me, including personal information which is highly sensitive to me. Per my letter to you of 8-11-00, I have explained my concerns about invasions of privacy with regard to my psychological health. I still have not received any specific response to these concerns.

You mentioned in our phone conversation last week that other claimants also have strong reservations about signing this new form. Forcing me to sign this new form causes me anxiety to know that that my condition of depression will be discussed with others that I may not have told or don't want to know. Furthermore, this contact is not necessary, since you have a mountain of doctor's reports, tax returns, accountant statements to easily verify my claim.

I left messages for both Clyde Honaker and Todd Dittmar last week asking for a return call to explain the status of the overdue checks. Neither man responded with this information.

The benefit checks are normally processed and sent out at the beginning of the month. The checks are for January so I still don't understand your withholding motives. Your explanation that there is one former principal who says that I made a "mutual" decision to terminate our sales agreement is shallow. You have jumped to the conclusion that this had nothing to do with my disability. Further questioning of this principal will most certainly reveal that they had strong dissatisfaction with my inability to increase or maintain sales for them. They let me know of this dissatisfaction prior to our "mutual" decision. I was aware that they were planning to terminate the sales contract regardless. This was definitely the result of my health.

You gave me no reasonable explanation of why you did not contact the other principals to get further "evidence" against me. You have had all their names and phone numbers for at least six weeks. Your hesitant and vague response to my question of this reason for not questioning the others is very puzzling to me. This suggests to me that you may have contacted at least some of them but without any responses from them that you could try to intimidate me with.

As mentioned on the phone, I am continuing to dig out and photocopy documents asked for by Ms. Hymowitz. Because the documents are filed by project, I must go through all my files and pick out the requested documents. Also, I willingly attended the first appointment last Saturday for the Independent Medical Exam. I have two further appointments setup by DMS which I intend to go to. I appreciate your offer to send copies of both reports to Dr. McClure immediately after you receive them- please send these. Thank you.

Sincerely,

Chris Kearney
Chris Kearney

3306

2-2008 2:02PM

NO. 376 P. 4

Disability Management Services, Inc.

1350 Main Street, Springfield, MA 01103-1019 Tel: (413) 747-0930 Fax: (413) 747-1645

A third party administrator for:

Jefferson-Pilot Life Insurance Company

Name of Insured:

Christopher Kearney

Social Security Number:

Redacted

Authorization To Obtain Information

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, employer, The Social Security Administration, consumer reporting agency, or any other person or organization having any information regarding illness, injury, medical history, diagnosis, treatment, and prognosis with respect to the physical or mental condition and treatment, including drug and alcohol abuse treatment, of the insured and any other non-medical information of the insured to give Jefferson-Pilot Life Insurance Company or its representative any and all such information required by them to determine my eligibility for policy claim benefits.

I authorize Jefferson-Pilot Life Insurance Company to request dates of past and present claims and names of insurers, but not medical or personal information, from the Health Claims Index operated for subscriber insurers by the Medical Information Bureau (MIB), and association of life insurance companies. I understand similar information may be reported to MIB.

Use and Disclosure

I understand the information obtained by use of the Authorization will be used by Jefferson-Pilot Life Insurance Company to determine eligibility for benefits under an insurance policy. Any information obtained will not be released by Jefferson-Pilot Life Insurance Company to any person or organization except to reinsuring companies, third party administrators, claim consultants or other persons or organizations performing business or legal services in connection with this claim or as may be otherwise lawfully required or as I may further authorize.

I understand that any person knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information, is or may be guilty of a criminal act punishable under law.

Agreement and Acknowledgment

I know that I may request to receive a copy of this Authorization.

I agree that a photocopy of this Authorization shall be as valid as the original.

I agree that this Authorization shall be valid for the duration of my current claim.

Claimant's Signature:



(Claimant or claimant's authorized representative)

Date:

2-21-01

Redacted

(Relationship to claimant if authorized representative)

(Claimant's Social Security No.)

DMS No: 10007476

d/b/a: New England Claims Administration Services, Inc. in FL, MD, ME
 Licensed as New England Claims Administration Services, Inc. in CA
 d/b/a: Centre Claims Administration Services in NH

Disclosure Authorization

I, the undersigned, hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medical facility, insurance company, or other organization, institution or person, that has records or knowledge of my health, to give to the Jefferson-Pilot Life Insurance Company or any agent, attorney, consumer reporting agency or independent administrator acting on its behalf any such information. I hereby request and authorize Jefferson-Pilot Life Insurance Company to furnish all such information obtained by it to the policyholder's personal physician upon request and I hereby waive any privilege to such information. A copy of this authorization shall be as valid as the original. This authorization shall be valid for the duration of the claim.

I, my authorized representative is entitled to receive a copy of this authorization.

on 8-9-, 1993 Claimant's Signature

Christopher L. Kurny

FORMED OF
GOOD LOSS

DISABILITY MANAGEMENT SERVICES, INC.

1350 MAIN STREET, SPRINGFIELD, MASS. 01103-1628

TEL: (413) 747-0990 FAX: (413) 747-1545

FACSIMILE TRANSMITTAL SHEET

TO: <u>Craig Knepp</u>	FROM: <u>Bob Mills</u>
COMPANY: <u>CS Claims Group</u>	DATE: <u>3/5/01</u>
FAX NUMBER: <u>847-559-0672</u>	TOTAL NO. OF PAGES INCLUDING COVER: <u>2</u>
PHONE NUMBER: <u>847-559-0670</u>	SENDER'S REFERENCE NUMBER:
RE: <u>Christopher Kearney</u>	YOUR REFERENCE NUMBER:

Confidential

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Comments:

Craig -
 Herewith Attached is an updated
 Authorization For Mr. Kearney
 Please call with the status of
 your investigation. Thanks.
 Bob-

3303

JUL 2 2008 2:02PM

NO. 376 P. 4

Disability Management Services, Inc.

1350 Main Street, Springfield, MA 01103-1819 Tel: (413) 747-0890 Fax: (413) 747-1545

A third party administrator for:

Jefferson-Pilot Life Insurance Company

Name of Insured:	Social Security Number:
Christopher Kearney	Redacted

Authorization To Obtain Information

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, employer, The Social Security Administration, consumer reporting agency, or any other person or organization having any information regarding illness, injury, medical history, diagnosis, treatment, and prognosis with respect to the physical or mental condition and treatment, including drug and alcohol abuse treatment, of the insured and any other non-medical information of the insured to give Jefferson-Pilot Life Insurance Company or its representative any and all such information required by them to determine my eligibility for policy claim benefits.

I authorize Jefferson-Pilot Life Insurance Company to request dates of past and present claims and names of insurers, but not medical or personal information, from the Health Claims Index operated for subscriber insurers by the Medical Information Bureau (MIB), and association of life insurance companies. I understand similar information may be reported to MIB.

Use and Disclosure

I understand the information obtained by use of the Authorization will be used by Jefferson-Pilot Life Insurance Company to determine eligibility for benefits under an insurance policy. Any information obtained will not be released by Jefferson-Pilot Life Insurance Company to any person or organization except to reinsuring companies, third party administrators, claim consultants or other persons or organizations performing business or legal services in connection with this claim or as may be otherwise lawfully required or as I may further authorize.

I understand that any person knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information, is or may be guilty of a criminal act punishable under law.

Agreement and Acknowledgment

I know that I may request to receive a copy of this Authorization.

I agree that a photocopy of this Authorization shall be as valid as the original.

I agree that this Authorization shall be valid for the duration of my current claim.

Claimant's Signature:



(Claimant or claimant's authorized representative)

Date: 2-21-01

Redacted

(Relationship to claimant if authorized representative)

(Claimant's Social Security No.)

DMS No: 10007478

U/S: New England Claims Administration Services, Inc. in FL, MD, MS
 Licensed as New England Claims Administration Services, Inc. in CA
 U/S: Centre Claims Administration Services in NH

3304

Disability Management Services, Inc.
1350 Main Street, Springfield, MA 01103-1619 Tel: (413) 747-0990 Fax: (413) 747-1545
A third party administrator for:
Jefferson-Pilot Life Insurance Company

March 7, 2001

Christopher Kearney

Redacted

Re: Policy Number/s: H-493029, H-538069
Claim Number/s: H-493029, H-538069

Dear Mr. Kearney,

Thank you for your February 23, 2001 letter received in our offices on March 1, 2001. I wish to acknowledge the receipt of the properly executed Authorization form.

The telephone messages you left for Mr. Honaker & Mr. Ditmar were brought to my attention to respond. Please be advised that you should continue to communicate through me directly concerning any matter of your claim for benefits with Jefferson Pilot.

As discussed, the Authorization forms you have completed in the past are outdated and can restrict the ability to gather information essential to the determination of your benefit eligibility. As I explained to you on the telephone, generally, if a signed and dated Authorization form is older than 90 days many sources will not consider the form to be a valid Authorization, notwithstanding the language of the form that you referenced in your letter stipulating that the authorization should be valid for the life of the claim. You can also rest assured that while the authorization allows us to obtain information from various sources, it does not allow us to divulge to anyone, any of your personal medical information.

You have misinterpreted my explanations concerning the contact of your former principals. We have been attempting to contact your former clients to verify your work experiences with them. However, we have yet to complete this part of the investigation.

As you know although the company has reservations about your continuous eligibility for benefits, and despite your prior lack of cooperation in furnishing the required proof of loss, the company has continued benefit payments to you. Under the present circumstances, the most recent payments made to you have necessarily been made with a full reservation of the company's rights under the policy.

d/b/a: New England Claims Administration Services, Inc. in FL, MD, ME
Licensed as New England Claims Administration Services, Inc. in CA
d/b/a Centre Claims Administration Services in NH

3299

As we have advised, we are continuing our investigation of your claim. In connection with that investigation, some additional information has recently come to light that we need your help in clarifying.

During one of our data searches, your name came up in connection with a company called **Innomation**. On review of all of the records, claim forms, and tax documents you have furnished during your claim, the name of this firm is not found. Accordingly, if you have or had some connection with this company, we would need a full explanation from you regarding your involvement, a description of the duties you performed, when you did any work, and the amount of all revenues and earnings you derived. Enclosed for the convenience of your reply is an Occupational Description form. We would also need all tax returns associated with the operation of this enterprise.

Thank you for your ongoing cooperation with respect to the attendance of the medical examinations and production of the financial documents.

We look forward to hearing back from you at your earliest convenience.

Sincerely,



Robert F Mills
Claims Consultant